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# CLINICAL NOTES AND CASE REPORTS

## EPIDURAL AIR INJECTION: IN DIAGNOSIS OF SPINAL CANAL MASSES*

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DIAGNOSIS of masses and protrusions into the spinal canal is not technically simple with the present methods of radio-opaque materials and air injected into the subarachnoid space.

After extensive dissections of cadavers, which had been injected through the caudal canal with colored liquids into the epidural space, the feasibility of the use of air for visualization was considered.

Bodies of patients immediately after death were first employed to obtain conditions most nearly approaching the living physical state. Various amounts of air were injected into the epidural space via the sacral hiatus, using a spinal needle and a 50 cubic centimeter Luer syringe with an air-tight connection. Sixty to eighty cubic centimeters of air, slowly introduced, seemed to be the optimum amount to produce a satisfactory shadow in the lateral x-ray of the lumbar and lower thoracic spinal canal.

Two patients who were suffering from sciatic pain, not relieved by usual treatment, were then injected slowly with 75 cubic centimeters of air. In one case the spinal canal and dural sac were clearly outlined, while in the other—perhaps because of more rapid injection—some of the air had followed the roots of the nerves forming the lumbar plexus. It is also to be noted that both patients had much relief of pain, one for the first time in months. No untoward symptoms developed and both patients were up and about as usual the next day, and x-ray of the lumbar region did not reveal any air shadow.

This is a preliminary report. As opportunity is afforded, the proper x-ray technique must be developed and antero-posterior views will be studied. Whether results will be consistent remains to be seen. The technique, however, is extremely simple and should be without any ill effects.

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* A preliminary report. Article received August 5, 1940.

## HIPPOCRATES' APHORISMS*

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SECTION FOUR (Continued)

34. If a fevered sick without swelling of the throat
Is caused quite suddenly to gasp and agonize,
It is a dreadful sign of a coming quick demise.

35. If the neck of a person sick with fever
Gets twisted suddenly out of line
And, if the sick must labor hard to swallow,
Though no swelling present, it's a fatal sign.

36. Sweats on the 5th, 7th, 9th, 14th, 17th,
21st, 27th, and 29th febrile days
Herald a favorable crisis,
But others mean more pains, relapses and delays.

37. Cold sweats with acute fever
Are oft a fatal sign,
But milder fever means
Long sickness, yet benign.

38. Wherever in the body
Sweat may be localized.
A morbid process in that part
Is also organized.

39. Wherever in the body
A part feels hot or cold,
That part is the most likely
The sickness-site to hold.

40. Whenever there are changes in the body
And it feels alternately hot and cold
And, if one color does succeed the other,
It bodes that sickness will prolong its hold.

41. A copious sweat occurring after sleep,
With no apparent cause, means too much food;
But, if the sweat doesn't follow a meal,
A purging's apt to do the patient good.

42. When copious sweats
Run in a constant stream,
Cold sweats more dangerous
Than the hot would seem.

43. Remittent fevers which flare on the third day
Are dangerous; but, if they turn
To intermittent type,
They are of less concern.

44. In lasting fevers
Various joints
For pains and nodes,
Are deposit points.

45. When, after fevers, joints
Are attacked by nodes and pain,
It's proper that the sick
His appetite restrain.

46. If in the course of a remittent fever
The sick is seized with heavy chill,
It is a sign of dire portent:
The disease is grave and apt to kill.

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(To be continued)

* For other aphorisms, see CALIFORNIA AND WESTERN MEDICINE, March 1940, page 125; April 1940, page 179; May 1940, page 231; July 1940, page 35; August 1940, page 85; September 1940, page 130; December, 1940, page 272.